World Summit for Children

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World Summit for Children

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FOR THE

WORLD SUMMIT FOR CHILDREN

With the 20th century in its last decade, the world is at a unique crossroads.

▲ Modern medicine can prevent or cure many of the diseases that have plagued the human race for millennia. Yet 40,000 children under the age of five die every day in the developing countries, largely from preventable causes, often for lack of little more than a dollar's worth of health care, a regular supply of nutritious food, or clean water and sanitation.

▲ Modern science has made it possible to produce and deliver an abundance of food — more than enough to feed the world. Yet malnutrition among children, resulting from insufficient food, ill health and lack of adequate awareness of the solutions, is on the increase in the developing world.

▲ Despite the wealth of the industrialized nations, the quality of life of poor children in many of those countries is deteriorating under the assault of such modern social ills as environmental degradation, violence, family breakdown and drugs.

Now, Heads of State and Prime Ministers have decided to try to act in concert to do something about this preventable tragedy.

A World Summit for Children will be held at the United Nations in New York on 29-30 September with the sole purpose of giving children a better chance in life.

The sad fact is that despite major gains in health care for children in the 1980s — brought about by technological and scientific advances and a rapid growth in communications capacity — malnutrition, ill health and poverty among children were advancing again as the decade ended. Social expenditures declined in the developing world as governments allocated half their total budgets to the military and to servicing debt.

Now, with international tensions easing, a major commitment at the World Summit by the leaders of nations can help to mobilize governments and all levels of society — schools, churches, professional associations, cultural, charitable and youth organizations, the media and the commercial sector — to reverse this trend and protect the lives and growth of children.

The difference between action and inaction involves the lives of perhaps 50 million children over the next decade. Saving their lives is possible since the know-how is available and affordable.

WHY A WORLD SUMMIT?

The World Summit for Children will mark the first time that leaders from around the globe — North and South, East and West — have met for a single common purpose, joining hands to try to resolve some of the universal problems that children encounter in surviving and developing to adulthood.

After thousands of years of steady increase, the annual number of births in the world will reach a peak in about the year 2000 and thereafter begin to decline. The children of the 1990s will, therefore, be the largest generation ever. The future of the world will depend on how it helps shape their values and stimulate their aspirations.

In November 1989, in an effort to attack these issues, six leaders — Prime Minister Brian Mulroney of Canada, President Mohammed Hosni Mubarak of Egypt, President Moussa Traoré of Mali, President Carlos Salinas de Gortari of Mexico, Prime Minister Benazir Bhutto of Pakistan and Prime Minister Ingvar Carlsson of Sweden — called for the World Summit for Children.

The overall aim of the World Summit is to put children high and firmly on the agenda of the 1990s,

giving them priority — or 'first call' — on the world's resources in good times or bad, war or peace.

THE OPPORTUNITY

The World Summit comes at a time when, at the outset of the last decade of the 20th century, great changes are in the air. The decline in superpower confrontation could mean that, for the first time in more than half a century, nations will be able to turn from hostilities to concentrating on making the world a better place to live.

Such a 'peace dividend' could provide a major impetus for efforts to save the lives of millions of children.

At present rates, almost 150 million children will die in the course of the 1990s. Technological advances are expected to save 25 million of those children, but it is estimated that the impetus provided by a successful World Summit mobilizing human society to do more for children could raise that number to 50 million. In addition, the World Summit could assure that millions more reach their full potential without the road-blocks of poor health, lack of education and insecurity.

Paradoxically, assuring that more children live would in the long run also help to reduce population growth. Experience shows that as parents become confident their first offspring will survive, the birth rate declines.

THE COST

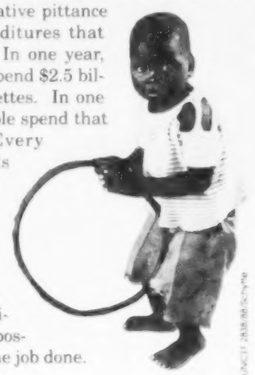
Every day, measles, whooping cough and tetanus, all preventable through an inexpensive course of vaccines, kill almost 8,000 children. *Every day*, diarrhoeal dehydration, which can be prevented for pennies, still kills almost 7,000 children. *Every day*, pneumonia, which can be treated by low-cost antibiotics, kills more than 6,000 children.

And for every child who dies, several more live on with malnutrition and ill health and are thus unable to fulfil their mental and physical potential.

Ending this silent carnage would be one of the most fundamental long-term investments the human race could make in its future. Could our generation offer any greater gift to the 21st century?

It is estimated that the additional annual cost of programmes to prevent 50 million child deaths in the 1990s would reach approximately $2.5 billion by the end of the decade.

True, $2.5 billion is a considerable amount of money. But it is a relative pittance compared with expenditures that we take for granted. In one year, American companies spend $2.5 billion to advertise cigarettes. In one month, the Soviet people spend that amount on vodka. Every day, the world spends $2.5 billion on the military.



The money is available. It is mainly a question of priorities — and the determination to mobilize all possible resources to get the job done.

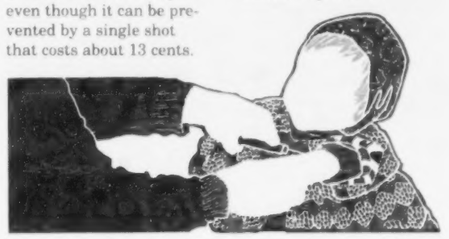
SOME TARGETS

Following is a brief summary of some major opportunities in the field of health to protect the lives and the normal growth of children in the 1990s.

Universal child immunization

About 3 million children are dying each year because a lack of immunization makes them vulnerable to six major diseases: measles, tetanus, tuberculosis, polio, whooping cough and diphtheria. Measles alone kills about 1.5 million children a year even though it can be prevented by a single shot that costs about 13 cents.

The World Health Organization and the United Nations Children's Fund have set an end-1990 target of 80 per cent immunization of all children in their first year of life against the six diseases. The 1989 rate was almost 70 per cent.



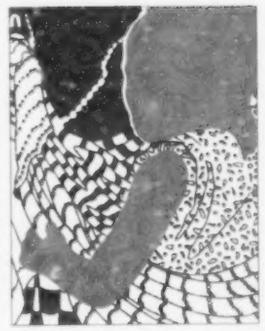
Oral rehydration therapy

Diarrhoea causes about 2.5 million deaths a year through dehydration. The illness can usually be prevented by assuring sanitary conditions, and the fatal effects of dehydration can be prevented by a simple 10-cent package of oral rehydration salts (ORS).

Even though the technology has been known for decades, only about 20 per cent of children who fall ill with diarrhoea have access to the salts. If ORS becomes available and well known, 25 million children could be saved over the next decade.

Acute respiratory infections

Antibiotics, usually costing less than $1, could prevent the vast majority of the 1.5 million annual child deaths from respiratory infections like pneumonia. Yet most community health workers lack the training and the access to drugs to provide the necessary care.



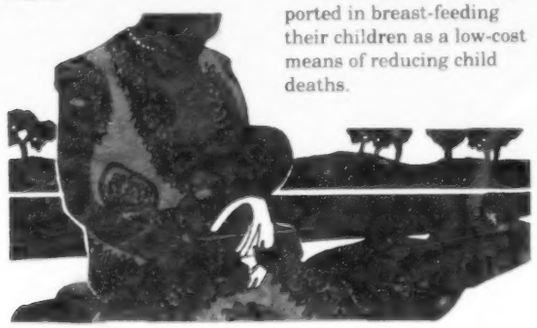
Malnutrition

Although famine, war and poverty are breeding grounds for malnutrition, poor health care and lack of knowledge are often major contributors to the condition.

Parents need to have ready access to basic nutritional information. The training of effective community health workers, therefore, can be a key element in cutting child deaths.

Even though breast milk is the nutritionally perfect food for infants during their first four to six months of life, breast-feeding is declining in many developing nations. Continuation of this trend would be disastrous since bottle-fed infants are as much as 25 times more likely to die because of unclean water and unhygienic conditions.

Mothers need to be supported in breast-feeding their children as a low-cost means of reducing child deaths.



Maternal health

Of the 500,000 annual maternal deaths in the world, 99 per cent occur in the developing countries. No technological breakthrough is necessary to prevent these deaths. It is mainly a matter of providing better nutrition, pre-natal care and safe delivery.

Water and sanitation

In much of the developing world women spend many hours each day carrying water for their families. Only 40 per cent of rural families have access to safe drinking water.

Even fewer people have access to sanitary waste disposal facilities. Both conditions lead to the proliferation of disease.

On all these health issues, it is clear that high-level political intervention is now necessary to overcome the obstacles and mobilize the resources to apply these known low-cost solutions to these known high-cost problems.

In addition to addressing health issues, the World Summit can have widespread political impact extending to all areas of children's well-being.

THE CONVENTION ON THE RIGHTS OF THE CHILD

The World Summit can provide the impetus for the ratification of the Convention on the Rights of the Child, a historic legal codification of society's responsibilities to children, adopted by the United Nations General Assembly in 1989. Ratification by 20 nations is needed to bring the Convention into force.

In addition to setting minimum standards for survival, health and education, the Convention seeks to provide explicit protection for children against violence and exploitation, including physical or sexual abuse, whether in the home, in the work place or in the course of war or civil strife.

The Convention is the statement of an ideal which few, if any, nations have so far achieved. But as more and more nations ratify its text and begin to enact its provisions into national law, and as the press and public become more concerned to ensure its observance, it will gradually become the standard for all nations.

EDUCATION FOR ALL

The World Summit can give impetus to promoting the international consensus that was reached on the crucial role of basic education for development at the World Conference on Education for All held in Jomtien, Thailand, in early 1990.

As a result of the debt crisis and the consequent cut-backs in spending on health and education services, the percentage of children enrolled in school actually dropped in at least half of the developing countries during the 1980s. Education, especially for girls, is strongly associated with better health and nutrition, lower death and birth rates and more rapid economic development.

End-of-decade goals have been set for universal access to basic education and completion of primary education by at least 80 per cent of primary school age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.

ORGANIZING THE WORLD SUMMIT FOR CHILDREN

Canada, Egypt, Mali, Mexico, Pakistan and Sweden were joined by 22 other Governments in early 1990 to form a 28-nation Planning Committee to prepare for the World Summit. The other nations are: Algeria, Bangladesh, China, Ecuador, Finland, France, India, Indonesia, Ireland, Italy, Japan, Malaysia, the Netherlands, Nigeria, Senegal, Uganda, the Union of Soviet Socialist Republics, the United Kingdom, the United States of America, Venezuela, Yugoslavia and Zimbabwe.

The World Summit for Children will be held at United Nations Headquarters. The initiating Governments asked UNICEF to provide the secretariat to organize the meeting.

A DECADE OF HOPE

A successful World Summit can make the 1990s the decade in which the shameful large-scale deaths and widespread malnutrition of the world's children are consigned to history, providing a permanent gift from the last decade of the 20th century to the people of the new century.

Some goals for children and development in the 1990s

PROBLEM:
Nearly 15 million children under five die each year.

GOAL:
Reduce under-five child mortality rate in all countries by one third or to 70 per 1,000 live births, whichever is less.

PROBLEM:
Half a million mothers die annually as a result of pregnancy or childbirth.

GOAL:
Reduce maternal mortality rate by half.

PROBLEM:
Some 40 per cent of children under five in the developing world suffer from malnutrition.

GOAL:
Reduce malnutrition rate by half.

PROBLEM:
Only half the children in the developing world have access to clean drinking water, and fewer have access to sanitary waste disposal facilities.

GOAL:
Provide universal access to safe drinking water and to sanitary means of excreta disposal.

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PROBLEM:
Nearly 100 million children of primary school age are not taking part in any education programmes.

GOAL:
Provide universal access to basic education and completion of primary education by at least 80 per cent of primary school age children.

PROBLEM:
About 50 per cent of adult women and 30 per cent of adult men are illiterate.

GOAL:
Reduce adult illiteracy rate by at least half, with emphasis on female literacy.

PROBLEM:
Children suffer most as a result of war and are also the victims of exploitation and abuse.

GOAL:
Improved protection of children in especially difficult circumstances.

WHAT YOU CAN DO

1 Find out about the situation of children globally and in your community and share your concerns with others about:

- their health
- their education
- their safety
- their opportunities for play and cultural activities to stimulate their full development

Also, take actions to prevent:

- exploitation of children in the work-force
- child abuse

2 Join and support organizations working for children, including:

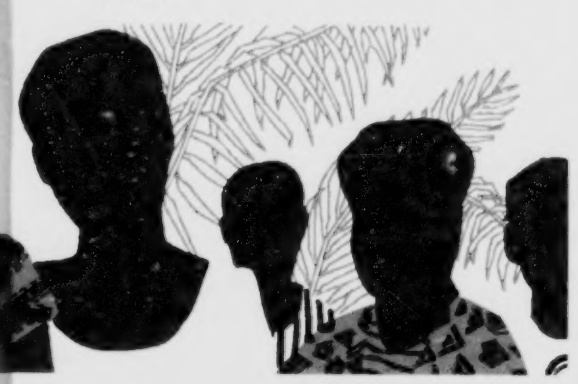
- children's advocacy organizations
- church groups
- civic clubs
- professional associations
- women's and youth groups
- children's services agencies

3 Talk to politicians and local officials and urge them to:

- pass and enforce laws protecting children
- invest in children by, for example, building recreational and cultural facilities, providing child-care services and developing special assistance for disabled children
- consider the best interests of children in all their deliberations and decisions, including the allocation of resources for children both internationally and for their own communities

4 Encourage employers to:

- provide adequate parental leave
- provide information to their employees on proper nutrition and health care for children and mothers
- allow mothers to breast-feed their babies and provide for day-care arrangements
- invite child-care and social-service workers to offer training courses and counselling in the work place
- contribute to community services and facilities



For further information, action guides, audio-visual resources, and public promotion materials contact:

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APRIL 1990

World Summit for Children

Giving children a future

by Peter Adamson,
Editor, *The State of the World's Children*

The World Summit for Children comes at a time when the world is struggling free from a 50-year preoccupation with the cold war. If this progress were to continue, then the resources released would open up new vistas of human achievement. At present, military expenditures exceed the combined annual incomes of the poorest half of humanity; the diversion of even five or ten per cent of this vast sum would be enough to accelerate progress towards a world in which the basic human needs of all were met.

There is of course no shortage of new challenges. But alongside the great social and environmental issues, and inseparably linked to them, there remains the quieter claim of the 1 billion people, the one fifth of mankind, who still lack adequate food, clean water, elementary education and basic health care.

In particular, it is UNICEF's concern to argue that the needs of children, and especially of those millions of children who are still living and dying in malnutrition and ill health as the twentieth century draws to a close, should have first claim on the extra resources which might become available in a more peaceful and less fearful world.

The moral dimension of this argument is of course familiar. It is the greatest condemnation of our times that more than a quarter of a million children should still be dying every week of easily preventable illness and malnutrition. Every day measles, whooping cough and tetanus, all of which can be prevented by an inexpensive course of vaccines, kill almost 8,000 children. Every day diarrhoeal dehydration, which can be prevented at almost no cost, kills almost 7,000 children. Every day pneumonia, which can be treated by low-cost antibiotics, kills more than 6,000 children.

Every single one of these deaths is the death of a child who had a personality and a potential, a family and a future. And for every child who dies, several more live on with malnutrition and ill health and are thereby unable to fulfil the mental and physical potential with which they were born. Death and suffering on this scale are simply no longer necessary; they are therefore no longer acceptable. Morality must march with capacity.

But as is often the case, the moral argument is ultimately inseparable from the practical. Malnutrition means poor physical and mental growth, poor performance at school and at work, and the perpetuation of poverty from one generation to the next.

Giving children a future

High child death rates mean that many parents will continue to over-compensate by having larger families and maintaining high rates of population growth. Lack of education precludes people from contributing fully to, or benefiting fully from, the development of their communities. Entrenched injustices and the parading of unattainable wealth before the eyes of poverty provoke an instability and a violence which often take on a life of their own. Finally, it is becoming increasingly obvious that the extremes of deprivation preclude environmental sensitivity, forcing millions to over-exploit their surroundings in the name of survival.

A major renewal of efforts to protect the lives and the development of children, and to end the worst aspects of poverty on this planet, would therefore be the greatest long-term investment which the human race could make in its future economic prosperity, political stability and environmental integrity.

This is the context of the unique meeting which will convene at the United Nations in New York on 30 September 1990. For the first time ever, Presidents and Prime Ministers from all regions of the world will meet to discuss *children*. On the agenda will be the unprecedented range of practicable and affordable opportunities which now exist for making drastic improvements in the lives of the new generation — improvements in their survival and well-being, in their nutrition and normal growth, in their health and education, in their rights and in their futures. The outcome, it is hoped, will be a new level of political commitment to doing what can now be done for the children of the 1990s.

As is already happening, the World Summit will also provide an opportunity for organizations of all kinds — whether from religion, politics, education, health, commerce, labour, professional associations, the media, the arts, entertainment, the people's movements and the voluntary organizations — to mobilize popular support for a new investment in today's children — and tomorrow's world.

The principle of 'first call'

At the heart of the World Summit for Children is the principle of 'first call' for children , a principle so important that, in UNICEF's view, it should influence the nature of progress in all nations in the 1990s and beyond. In essence, it implies that the growing minds and bodies of children should have first call on society's capacities, and that children should be able to depend upon that commitment in good times and in bad. Whether a child survives or not, whether a child is well nourished or not, whether a child is immunized or not, whether a child goes to school or not, should not have to depend on whether interest rates rise or fall, on whether commodity prices go up or down, on whether a particular political party is in power, on whether the economy has been well managed, on whether a country is at war or not, nor on any other trough or crest in the endless undulations of political and economic life in the modern nation state.

Nothing could illustrate the need for this principle more clearly than the damage which the debt crisis has inflicted on children in recent years. In the poorest parts of the world, cuts in government spending and falls in family incomes have meant that infant mortality has risen, malnutrition has increased, and schools and health clinics have been closed. The result is that the poorest and most vulnerable children have been the most exposed to the lash of debt and recession. This is the exact opposite of the principle of first call.

No one who has been aware of this could fail to be concerned, at this time, for the children of the Soviet Union and of Eastern Europe as their societies also move through the turbulence, unpredictability and hardships of economic restructuring. The experience of the developing world sounds a sad warning and suggests that levels of child survival,

health, nutrition, normal development and school enrolment should be closely monitored as prices rise, as shortages occur, and as social services come under increasing pressure.

The same principle also applies to the many developing countries in Asia which have succeeded in making steady economic progress in recent years. Often, there has been no equivalent social advance for the poorest families and their children. More than half of all the children who lose their lives each year, or who are malnourished, or unimmunized, or who do not go to school, live in the South Asian region.

Finally, the principle of first call also applies to the industrialized countries. In the United States and the United Kingdom, for example, the number of homeless families has doubled over the last decade despite steady economic growth. And while the safety nets of social services have slowly frayed, the number of children living in poverty in the United States has risen by more than three million (from 11 per cent of the child population in 1979 to over 15 per cent today).

In sum, the principle of first call is universally relevant. No matter what the nation and no matter what the cause, the time has come to protect children, as far as is humanly possible, from the mistakes and excesses and vicissitudes of the adult world.

Specific opportunities

Important as the principle of first call may be, the real challenge of the first World Summit for Children is to translate that principle into specific aims which are achievable and affordable in the decade ahead.

In the job of selecting those aims, amid all the many different problems facing the world's children, UNICEF starts from the fact that more than 100 million of those children will lose their lives in the 1990s and that many millions more will live on with almost permanent malnutrition and ill health.

The causes of most of those deaths can be listed on the fingers of one hand — dehydration (caused by diarrhoea), pneumonia, measles, tetanus and whooping cough. These five common illnesses, all relatively easy and inexpensive to prevent or treat, will account for over half of all child deaths and over half of all child malnutrition in the decade which lies ahead.

Low-cost vaccines, oral rehydration therapy and antibiotics could prevent most of this quiet carnage. The time is overdue for these basic scientific advances to be put at the disposal of the whole human family rather than being restricted to the minority in the industrialized nations. The vaccines cost less than US$1.50 per fully immunized child. Packets of oral rehydration salts cost approximately 10 cents each. A course of antibiotics costs approximately US$1.00. Even the age-old scourge of malnutrition has now been shown to be susceptible to drastic reductions at a financial cost of less than US$10 per child per year. Overall, present knowledge about such issues as immunization, dehydration, breast-feeding, weaning, growth monitoring and promotion, respiratory infections, birth spacing, safe motherhood, malaria, and the prevention of illness make it possible, at an affordable cost, to build a wall of protection around the growing minds and bodies of the children of the 1990s.

It is not only a question of money and technology. It is also a question of the delivery systems and the infrastructure, the management skills and the training, and the use of all possible channels to inform and support parents in applying today's knowledge. But to put the problem into an overall perspective, the additional costs, including delivery, of a programme to prevent the great majority of child deaths and child malnutrition in the decade ahead might reach approximately US$2.5 billion per year by the late 1990s.

Two and a half billion dollars is a substantial sum. It is 1 per cent of the poor world's own arms spending. It is as much as the Soviet Union has been spending on vodka each month. It is as much as U.S. companies have been spending each year to advertise cigarettes. It is 10 per cent of the European Economic Community's annual subsidy to its farmers. It is as much as the world as a whole spends on the military every day.

Whatever other reasons may be given, and however difficult the economic climate of the decade ahead may be, it is impossible to accept for one moment the notion that the world cannot afford to prevent the deaths and the malnutrition of so many millions of its young children.

The deficit is therefore not primarily in the technology or in the finances, nor in the outreach capacity. It is in the awareness that the job can be done and in the determination to mobilize all possible resources to do it.

It is this deficit which the World Summit for Children, uniquely, can help to make good. Fulfilling today's potential, a potential to save the lives of well over 50 million children during the next decade and to protect the nutritional health and normal growth of many millions more, depends above all on the political commitment to give those children first call on our concerns and capacities.

Finally, the World Summit could give a new political weight to the recently signed Convention on the Rights of the Child. Like many such documents in history, the Convention is the statement of an ideal which few if any nations have so far achieved. It attempts to set minimum standards for child survival, health and education and to provide protection for children who are forced to participate in wars, children who grow up in refugee camps, children who are left to fend for themselves on city streets, children who are exploited at work or in the home, children who are physically or sexually abused, children who are caught up in drug abuse or crime or prostitution. But as more and more nations ratify its text and begin to enact its provisions into national law, and as the press and public become more concerned to ensure its observance, it may gradually become the standard below which any civilized nation, rich or poor, will be ashamed to fall.

Broader goals

More broadly, the children of the 1990s also look to the World Summit meeting for a renewed commitment to the great goals of adequate nutrition, clean water, safe sanitation, primary health care and basic education (including for all girls) in the decade ahead. In each of these fields, recent years have brought practical, low-cost breakthroughs which could accelerate progress even in the difficult economic climate of the 1980s.

Progress on all these fronts will not be possible without significant extra financing. As the 1990s get under way, the two most important potential sources of that financing are undoubtedly to be found in reduced military spending and reduced debt servicing. At present, the developing world's debt and interest payments exceed even its military spending, totalling over US$175 billion a year or more than three times as much as all the aid received.

Another important source of funding for 'real development' would be a shift in priorities to low-cost basic services, primary health care, primary education and targeted food subsidies. But it remains the case that many countries are limited, politically, in the restructuring they can achieve when overall resources are shrinking. And this is where aid could play an increasingly important part in the 1990s. The harshness of the adjustment process, its political dangers and its environmental consequences have not entirely escaped the notice of the aid-giving nations, and there is considerable sympathy,

in many quarters, for the cause of easing the transition to growth and protecting the poorest in the process. Now is the time for the developing nations to analyse what restructuring in favour of the poor is possible, within their own resources, and to draw up well-thought-through plans for maintaining and expanding primary education, primary health care systems, national nutrition programmes and environmental protection.

Such plans could form the basis for an increased and newly directed aid and investment effort in the decade ahead.

If developing nations, individually or in regional groups, were to make the political commitment to defeat the worst aspects of absolute poverty in a measurable way and over a certain period of time, then it would be possible to think in terms of pacts between groups of donor nations and developing countries for the specific purpose of achieving agreed goals which might include universal primary education, low-cost water and sanitation services, a halving of child malnutrition, the reduction of measles and neonatal tetanus, and a number of other major advances that are now possible.

Doing the obvious

Opening the debt trap, renewing investment, liberalizing trade, compensating for steep falls in commodity prices and increasing the level of aid are the conditions for reversing the disastrous trends of the 1980s and allowing a renewal of progress towards the great material goals of adequate food, health care and education for all.

But as the 1990s begin, it is important to start the journey towards those great goals by taking the most obvious first steps. Several of the greatest health advances in human history now fall within the range of the practicable and affordable: diarrhoeal disease, still the single biggest cause of illness, malnutrition and death among the world's children, can be brought under control; vaccine-preventable diseases, and especially the tetanus and measles which together kill over 2 million children each year, can be reduced to a small fraction of their present proportions; poliomyelitis, which now cripples a quarter of a million young lives each year, can be eradicated; child malnutrition, which now saps the growth of 150 million under-fives, can be reduced by at least 50 per cent; and the ill health of so many millions of women can be drastically improved by according them the right and the knowledge and the means to choose how many children they will have and when.

Achieving these advances is no longer a question of physical or financial possibility. It is a question of political priority.

The first step towards this commitment, in both developing and industrialized worlds, would therefore be a decision to make the 1990s into a decade of doing the obvious. It is within our power to end child deaths, child abuse, child illness and child malnutrition on the scale which defaces our civilization today. And it is within our power to ensure that every child has a school to go to, a health worker to refer to, and a diet which allows normal mental and physical growth.

From the perspective of our common future, ensuring the healthy physical and mental development of children is the most important investment that can be made in the healthy social and economic development of our societies. Doing what can now be done to achieve that goal is therefore an issue worthy of its place on the agenda of the world's political leaders, the world's press and the world's public, as we enter the last decade of the twentieth century.

World Summit for Children

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Childhood disease: A preventable problem

"If preventable, why is it not prevented?" — King Edward VII of the United Kingdom, speaking about the scourge of tuberculosis in the early 1900s.

The majority of the 40,000 children under five who die every day in the developing world could be saved at relatively little cost — often pennies per child — combined with a major commitment of political will. No miracle cures are required.

Almost two thirds of those deaths are caused by four diseases: diarrhoea, measles, tetanus in new-born babies and acute respiratory infections like pneumonia.

The technology to prevent these diseases is at hand — oral rehydration for diarrhoea, antibiotics to stem the effects of pneumonia, immunization against measles and tetanus, as well as other diseases that can now be wiped out, including polio.

Oral rehydration therapy (ORT) has been described as "potentially the most important medical advance of this century" by the British medical journal, *The Lancet*. ORT provides children with liquid, salt and glucose to reverse the dehydrating effects of diarrhoea which account for most of the deaths caused by the ailment.

The cost of a package of life-saving oral rehydration salts is only 10 US cents. Yet, of the 11,000 children who die daily from diarrhoea, 7,000 succumb to dehydration, which ORT can prevent. One reason is that few health personnel have been trained in the procedure.

Another 7,000 children die of acute respiratory infections, mainly pneumonia. The cure is a US$1 course of antibiotics.

Even though these two therapies have been available for two decades, about 100 million children have died from diarrhoeal dehydration and acute respiratory infections during that period.

As UNICEF said in *The State of the World's Children 1990*, "It is as if a cure had finally been found for cancer but then little used for 20 years".

Preventing measles

Measles, which still kills about 4,000 children a day despite advances in immunization over the last decade, can be prevented at a cost of about 13 cents for a single vaccination in the developing world, although the cost for administering the shot can be much higher

in the industrialized nations. Malnutrition and poverty help to make measles a major killer in the developing countries.

The development of the measles vaccine in the 1960s led to the virtual elimination of the disease in the industrialized world, but it has recently staged somewhat of a comeback, particularly in the United States, because of failure to have infants immunized.

More than 2,000 new-born children succumb daily to tetanus, which can be prevented by elementary hygiene practices at the time of birth to protect the umbilical cord from infection. Alternatively, vaccination of the pregnant woman provides complete protection to both mother and new-born child.

Measles and tetanus are the two biggest killers of children among the six vaccine-preventable diseases that are the focus of a massive decade-long programme known as Universal Child Immunization.

UNICEF and the World Health Organization have set a goal for 80 per cent of children under one to be immunized against the six diseases by the end of the year. By the end of 1989 there was still a long way to go, with the overall vaccination rate nearing 70 per cent against measles, tetanus, tuberculosis, polio, diphtheria and whooping cough.

In 1980, however, the overall level for immunization was only about 20 per cent. The advances over the last decade are preventing 2 million child deaths each year. That still leaves 3 million children dying. Countless other millions who survive fall prey to other diseases and malnutrition.

'Herd immunity'

Eighty per cent immunization is not a magic figure, but at that level the effects of 'herd immunity' — the concept that once most people are vaccinated all people benefit because it is harder for the disease to be transmitted — begin to take effect.

Ironically, unlike many other difficulties of development, money is not the key problem in vaccinating the 120 million children born each year in the developing world. It requires political commitment often combined with outside technical assistance.

For example, one of the biggest successes for the programme has occurred in Bangladesh, one of the world's poorest countries. Four years ago it had an immunization rate of less than 10 per cent. The rate is now well above 50 per cent and gaining rapidly on the 80 per cent target.

The entire preventive programme, involving five separate visits to clinics, is estimated to cost only about US$10 per child, a price that includes producing, distributing and storing the vaccines.

Generally, the developing countries have been covering about 80 per cent of the cost, leaving about US$200 million a year to be provided by international assistance to save the lives of about 3 million children. That is less than the cost of two Boeing 747 airliners.

Immunization has significance for overall health far beyond curtailing contagious diseases. To deliver the vaccines, hundreds of thousands of health workers have been trained, and health care is available in small villages for the first time in many countries.

The required five visits a year for an infant mean that other family members who bring a baby to a clinic also see a health-care provider. That has resulted in early diagnosis of numerous ailments as well as:

- better maternal health as pregnant women are given iron and folic acid;
- a reduction of child blindness through use of vitamin A;
- administration of iodine shots to prevent goitre and cretinism which cause mental retardation;
- anti-malarial treatment.

However, it does no good to provide the vaccines if the children cannot be reached or if it is impossible to maintain refrigeration between 4 and 8 degrees Celsius (40 and 46 degrees Fahrenheit) to keep the serum effective. In many areas without electricity, that can mean villagers must transport large amounts of ice, sometimes in ingenious fashion such as a bucket brigade.

Nor does the presence of the vaccines make any difference if villagers do not bring their children for immunization. So mass information programmes must be undertaken to create demand, but that is far from simple in countries where the vast majority of mothers, the key care providers, are illiterate, overworked or sometimes hampered by age-old superstitions.

How does a mother remember to bring her child to the clinic for a follow-up shot if she cannot read the immunization record? When she has water to haul laboriously, wood to gather, crops to tend and numerous other chores to do, why walk five miles to take an infant who seems healthy to a clinic for a shot that she fears will make him ill, at least temporarily?

Although the difficulties are many and varied, the solutions mainly involve commitment by government, community health workers and parents to provide immunization for children to protect their lives.

Commitment is the key

The expense is concentrated more in expending will-power and time, rather than vast amounts of money — as are required to overcome some other problems afflicting children, such as malnutrition or poverty.

The challenge of universal immunization, however, is unending. Every day more than 300,000 children are born in the developing world. They will all need shots to reduce their chances of being among the 25,000 who die every day without reaching their first birthday.

Universal immunization, oral rehydration and treatment of acute respiratory infections are eminently affordable and doable. The key question is whether the human race has the will, expressed through government policies in the developing world and aid from industrialized countries, to halt these preventable deaths.

Recommended reading

'Universal Child Immunization by 1990'. P.-E. Mandl (ed.), *Assignment Children*. 1985.

A simple solution: How oral rehydration is averting child death from diarrhoeal dehydration. UNICEF, 1987.

'Acute Respiratory Infections'. UNICEF Executive Board paper, 1990.

World Summit for Children

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Children and AIDS: Calamity in the making

"Unless something is done soon, AIDS threatens to wipe out all the progress we have made in child survival in the last 10 years." — Dr. Reginald Boulos, Haitian paediatrician.

In Africa and the Caribbean, AIDS is causing a dual disaster for children: Many contract the fatal disease in the womb or during birth from their infected mothers. Additionally, even if the infants are spared, they will soon become orphans because their infected parents are doomed to die.

Far fewer children contract AIDS in the industrialized nations, because there the disease is most common among single males. In Africa and the Caribbean, AIDS strikes women and men equally.

An infant born to a mother infected with the human immunodeficiency virus (HIV), which triggers AIDS, has a one-in-three chance of getting the infection from the mother. In the developing world, the infected child comes into the world under a death sentence: Most die before reaching the age of two, and almost all are dead within five years of birth.

UNICEF estimates that by the year 2000 there could be 2.5 million additional deaths among children from AIDS in the 10 countries in East and Central Africa that are most seriously affected by the disease. In addition, there will be an estimated 3–5 million AIDS orphans in Burundi, Central African Republic, Congo, Kenya, Malawi, Rwanda, Tanzania, Uganda, Zaire and Zambia.

That means about one in every 10 children under 15 years old will be orphaned in those countries in East and Central Africa. These children will be disadvantaged from loss of maternal care and from poverty among hard-pressed, often elderly, guardians.

Although the problem for children is most grave in Africa and the Caribbean, AIDS is having an impact on the young in some industrialized countries and parts of Asia, mainly because of intravenous drug abuse by adults and, to a lesser extent, through prostitution.

In New York City, one in 61 pregnant women is already HIV-infected, and in some neighborhoods the infection rate is almost 2.5 per cent. In Thailand, more than 50 per cent of intravenous drug users have been infected with HIV in the last three years and have the potential to infect their sexual partners and future babies.

The key to children's health in cases of AIDS, as with so many conditions, is held by their mothers. In Africa and the Caribbean, the regions in the developing world where the disease has hit the hardest, new-borns are at much greater risk than elsewhere.

In those two areas, about 1.5 million women are HIV-infected — 75 per cent of the world-wide total of 2 million female victims — according to estimates by the World Health Organization (WHO).

Women at greater risk

The HIV-infection rate in developing countries is already higher among women than men in some age-groups. Some city hospitals in East and Central Africa report HIV in one in three or four women attending ante-natal clinics, almost double the rate in the late 1980s. In urban areas in Africa it is not unusual for 10 to 20 per cent of pregnant women to be infected.

There are also reports of increasing rates of infection of children. In Haiti, among orphans aged less than 18 months who are placed with families or are in institutions, 55 per cent are HIV-positive, according to WHO, the lead agency in the United Nations dealing with AIDS.

Because of the newness of the disease and difficulties in testing and diagnosis, accurate statistics about paediatric AIDS are scarce, particularly in developing countries, where the number of AIDS cases is generally underestimated.

Perhaps one WHO projection best illustrates the magnitude of the problem. In developing countries where 10 per cent or more of pregnant women are HIV-infected, child mortality from AIDS alone equals child mortality from all causes in industrialized countries.

The bottom line is that more and more children are coming into the world doomed.

"Make no mistake", says Dr. Eric Mercier, a physician with UNICEF in Rwanda, "we are facing a catastrophe". AIDS experts at WHO agree.

Ninety per cent of HIV-infected children in the developing world contract the virus in the womb or during delivery. Nevertheless, the possibility of bearing an AIDS baby is having no noticeable impact on the number of conceptions.

In many cultures, women have almost no control over the use of condoms, which can protect against AIDS. Few know anything of their partner's or their own HIV status. Many of those who do know that they are HIV-positive take the risk of bearing an infected baby because of the tremendous importance attached to maternity.

Invisible children

Precise numbers of HIV-infected children are impossible to estimate. As Dr. Wilson Carswell, technical adviser on AIDS at the U.S.-based research institution, Family Health International, points out: "We hear very little about AIDS prevalence in children because children are invisible, socially and economically. And the earliest effects of HIV are unspectacular. The baby appears simply to suffer from typical childhood maladies".

Many cases in children, therefore, go undiagnosed. Meanwhile, the diarrhoeas, coughs and fevers from which most children manage to recover even in the poorest environments take a far more ruthless course in HIV-infected children. Many fail to gain weight, sicken severely and soon die.

The infected mother usually outlives her stricken infant, because the progression from HIV infection to AIDS is much quicker in children. But when she succumbs to AIDS, she often leaves other children behind.

Children and AIDS: Calamity in the making

According to the Ugandan Government, in the Rakai District more than 24,500 under-18-year-olds, 12.5 per cent of the age-group, have already lost their mothers, the parent almost totally responsible for nurturing in African societies. The district is on a major transportation and military route which contributes to increased casual sexual contacts. That, in turn, has led to increased rates of HIV infection.

Funerals are daily events in many villages. Grandparents and other relatives take in orphaned youngsters in the time-honoured tradition. But there are signs of tremendous strain, and it is clear that the African extended family will not be able to manage the growing burden of AIDS orphans.

In many African cities, these orphans can be expected to swell the ranks of street children. World-wide, even before the impact of AIDS, there were already 30 million children without families.

Driven to fend for themselves, such youngsters are exposed to exploitation and disease. They are easily drawn into selling sexual favours. In many parts of the world, there are child prostitutes of eight, nine and ten years old.

Combating ignorance

In the absence of any cure for AIDS, information programmes through schools, churches and community groups must be accelerated to change sexual behavior. Care must also be taken to prevent transmission through contaminated blood suppplies, needles and syringes. Attention should be focused on the health, economic and social needs of the women and children already infected.

In addition, more funding will be needed to diagnose and treat the disease and to work towards a potential cure.

Many countries are often unable to afford the cost of the few therapies which are available for AIDS-related conditions.

For example, the cost of providing AZT, the major drug treatment, to one AIDS patient for a year is several thousand times the annual per capita health budget of most African countries. The cost and logistical difficulties of ensuring uncontaminated blood supplies to prevent AIDS transmission through transfusions can also be daunting.

AIDS now threatens to undermine much of the progress made during the 1980s in child survival and development, spearheaded by improved health care and immunization. The strain imposed by AIDS on maternal and child health services will have consequences for controlling other infectious childhood illnesses which still kill millions in the developing world. Without concerted action by health and other social services, a calamity is in the making.

Recommended reading

'The health of mothers and children in the context of HIV/AIDS'. WHO, November 1989.

Preble, E.A., 'Impact of HIV/AIDS on African Children'. *Social Science & Medicine*. To be published in August 1990.

World Summit for Children

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Clean water: A mirage for millions

"In the developing world, the number of water taps nearby is a better indication of the health of a community than is the number of hospital beds." — Our Common Future (The Brundtland Report, 1987).

Each morning Felicia Onu did what millions of village housewives have done for generations — she trudged long distances to fetch water for her family. Now, all that has changed.

In Ugwulangwu, a remote corner of Imo State in eastern Nigeria, Felicia gets up each morning before dawn and takes an enamel basin and plastic jerrican down the path to the village well.

Until 1984, she could spend up to five hours a day carrying water.

For 28-year-old Felicia, the International Drinking Water Supply and Sanitation Decade, which ends this year, changed her life. Well water is a short walk away.

Even though the United Nations-proclaimed Decade will fail to reach its targets, in the minds of the people of Ugwulangwu it has resulted in a miracle: the 'striking of water from the rock'.

In Felicia's village and in 15 others in the area there are now wells with India Mark II handpumps, installed on rocky platforms and dispensing cool, clear, safe water only a few hundred metres from people's homes. The new ease of obtaining water has brought universal acclaim in the region.

There are also communal latrines for the first time, but that advance is not as popular. Customs involving the disposal of human waste are harder to change, but gradually people are beginning to use the latrines.

Major improvement in daily lives

By the standards of many industrialized countries, a system of water and sanitation for a whole community costing a maximum of US$10,000 would seem to be a very modest investment. But for Felicia and hundreds of millions of women in the developing world, the investment has brought a major improvement to their daily lives.

The consumption of water is often a reliable benchmark of the prosperity of a community. Because of difficulties in obtaining water, some areas record usage as low as

five to six litres a day while in the industrialized nations consumption can easily be 50 times greater. The act of flushing an average toilet in the United States consumes 20 litres of water — more than a woman in the developing world can carry in a long, laborious walk to a water-hole, stream or spring.

Water is vital to life — and women and young girls frequently pay a high price to obtain it for their families. The most that a woman can comfortably carry, usually in a vessel on her head, is 15 litres. Often this means that she must make several treks of up to five kilometres to get water every day. This can rule out hygienic practices like washing hands and utensils.

The water is almost always unclean, encouraging the spread of diarrhoeal diseases, which kill 4 million children a year, and guinea worm disease, a debilitating ailment that affects 5-10 million people annually in Africa and Asia.

Since clean water has been readily available in Ugwulangwu, Felicia says her husband sees a difference, in her own cleaner, smarter appearance. She sees a difference, in the ease of her life and in her children's healthiness. The community sees a difference, with the end of the annual guinea worm affliction.

It is estimated that 1.3 billion people gained access to clean water during the Decade designed to improve water supply and sanitation. Almost 750 million now have some better means of human waste disposal than a bucket or a walk in the fields.

However, these achievements fall far short of the aim to achieve 'clean water and sanitation for all by 1990' set by the United Nations when it proclaimed the Decade in 1981. Some 1.23 billion people are still without clean water. Two thirds of the world's households use a water source outside the home. About 2.25 billion people (300 million more than 10 years ago) are without sanitary waste disposal. Most of these people are in the rural areas.

Unrealistic goal

The goal was never realistic. The World Bank placed a US$600 billion price-tag on achieving it, and even if this impossible sum of money had been available, most public health engineering departments did not have the capacity to use it well.

Rapid population growth made it hard just to keep up with the growing number of families in need. Cut-backs in social expenditures in the 1980s forced by debt and economic hardship also played a role.

Nevertheless, most of those involved in the effort — Governments, international organizations, other donors, technical advisers, and villagers like Felicia Onu — think it was a major success.

Over the last 10 years, water and sanitation policies and practices have changed radically because of the virtual impossibility of reaching poor, remote communities with public health engineering facilities developed for use in the industrialized nations. At US$300 a person, installation costs for household connections for water and sewerage were prohibitive.

First, experts concentrated on appropriate technology, improving the durability of the humble handpump and developing community stand-pipes and fountains and better pit latrines for waste disposal. The service cost for such equipment was less than one tenth of conventional systems: between US$10 and US$30 per person.

Management of the systems was the second area to be overhauled because handpumps frequently broke down and the villagers, lacking training, simply waited for distant authorities to repair them.

Now, the community has the responsibility for maintenance, including the costs. Women were brought into management groups to have a voice in decisions, such as the placement of pumps.

The third key area of change involved health aspects of water supply services. It had been mistakenly assumed by many people that the mere provision of a safe water supply would lead automatically to a drop in diarrhoeal diseases.

But drinking water is only one of many disease-carrying routes. The use of clean water to wash hands, utensils and clothes and to bathe children requires behavioural change in homes where water had always been in short supply.

More attention to hygiene

Accordingly, officials gave more attention to hygiene and better methods of human waste disposal. In Ugwulangwu, for example, villagers were trained in health education, and their long-awaited handpumps were not hooked up until they had built community latrines. In households close to handpumps the incidence of diarrhoeal diseases has since declined.

In addition, there has been a sixfold increase in low-cost technology funding for rural areas since 1970, bringing water and sanitation to many more people at lower cost. Currently, low-cost technology only receives 20 per cent of the US$3 billion in annual international aid funds used for water and sanitation. It is estimated that a 10 per cent increase would provide services to many millions more in the rural areas.

The original goal of safe water and sanitation for all has now been redefined into more realistic goals of universal access to safe drinking water and to sanitary means of disposing of human waste by 2000.

The technological and managerial game-plan is in place. Now, political will and financial resources must be mobilized to bring cleanliness and healthiness within reach of hundreds of millions of Felicia Onus.

Recommended reading

'UNICEF and the 1990s: The Water and Sanitation Sector Workplan for 1990 to 1995', November 1989.

The New Internationalist, May 1990 issue. 'Thirsty for Life, the Power of Water'.

World Summit for Children

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Education: The key to development

"People are the ultimate resource. Sustaining that resource is the all-encompassing goal of development, and education is the well-spring of development." — Barber Conable, President, World Bank.

The village, a patchwork of ragged settlements, is down a track that is impassable during the rainy season. The buildings are mud and plaster or cement block with roofs of thatch or corrugated tin.

The primary school, enclosing a dusty playing field, is dilapidated.

In a room with two and a half walls and some plaited banana fronds where the roof ought to be, a teacher drills a small class of children. He has spread one wall with a scraping of damp mud for use as a blackboard. The pupils have two benches to sit on, but there are no books, no paper, no pencils. The teacher will drill them for an hour or two, then send them home.

"The roof fell in after a storm last year", he says, "and we have been waiting for repairs. But as you know, education in our country is SAPped". (SAPped is a newly coined West African expression meaning short of funds because of the SAP, or Structural Adjustment Programme, imposed on the advice of economists from the industrialized nations.)

The teacher has not been paid for months, and even if the school had books and he could do his job properly, he would still have to spend time farming in order to feed his family.

The village is in northern Nigeria, but its name, Uganda, is appropriate. The conditions are present practically anywhere in sub-Saharan Africa.

Educational tailspin

It is the reality of schooling for many children in rural Africa, where economic hardship has recently sent two decades of educational progress into a tailspin.

In other areas, especially in South Asia, the problem is also cultural, involving discrimination against women. The primary school enrolment rate for girls in most countries in that region ranges from about 50 to 80 per cent of the rate for boys. Literacy rates for women range between approximately one third and one half those for men.

Education: The key to development

Between 1960 and 1975 school enrolment more than doubled in developing countries in an effort to reach universal primary education by 1980. But many fell far short, and during the 1980s enrolment actually declined in one third of the 35 countries that are worst off educationally.

Public expenditure on education shrank in 19 of those countries, and since resources are invariably skewed towards secondary and higher institutions, primary schooling was hit hardest. Only 10.5 per cent of all international aid is given to education, and just 0.5 per cent of overall aid is dedicated to primary education.

The amount spent per teacher and pupil has been dropping in many countries, in some quite dramatically. Dilapidated classrooms, empty desks and lockers, out-of-date and irrelevant textbooks, are the all too common result. In the lowest-income countries, the median amount spent on teaching materials per pupil per year is 50 cents, compared with US$68.20 in industrialized countries.

The lion's share of primary school expenditure is devoted to salaries for teachers, but these too are pared to the bone because of cuts, SAPs and economic hardship. In some African countries — Ghana, Sierra Leone, Tanzania, Zambia — salaries have slumped by over half since the mid-1970s.

The accompanying decline in morale has further contributed to the drop in educational quality, which means that many children in school take years to master basic skills, becoming perennial repeaters.

A decade of set-backs has badly damaged the prospect of universal primary education, even by the year 2000.

The scale of needs is daunting. More than 100 million children of school age, 60 million of them girls, never step inside a classroom. More than 960 million adults, two thirds of them women, are illiterate. At least another 100 million children and countless more adults do not complete their basic education. They attend classes irregularly and eventually drop out.

Many are pressured by competing family demands. Boys have to herd livestock, girls help out with younger siblings or caring for those sick at home, older children and mothers go out to work. Others stop school because they cannot afford the cost of books, materials or uniforms.

Education and development linked

Education and development are two sides of a single coin. The process of building human capital is the vital key to economic growth, technological prowess and social transformation. Nations and people are both keenly aware that education is the passport to a materially better quality of life. Even among the least well-off, the appetite for learning, and for the certificates which promise a future with respectable, well-paid employment, is prodigious.

However inadequate the classroom and the books, school opens possibilities; no school means no prospects for the future. Many parents do their utmost, therefore, to keep a child in school, particularly sons, traditionally bound to assume responsibility for the elderly.

The value of sending a girl to school is not so tangible to many parents in the developing world. In the short term, the benefits of her domestic labour are forgone, and when she marries and leaves home the family stands to lose its investment altogether.

But schooling for girls has far-reaching social and economic benefits. Research shows that a wide educational gender gap, in which far more boys attend school than girls, has a negative effect on a country's economic productivity.

A wide gender gap in education is also reflected in social conditions, such as higher infant mortality rates and larger family sizes — averages of seven or eight children compared to averages of three or four. Educated mothers feed and care better for their children, who therefore learn faster and do better in school. Healthier families mean, ultimately, a healthier work-force; smaller families put less strain on already over-stretched services and thin job markets.

The degree to which services are suffering from the burden of debt and economic stagnation in many African and Latin American countries was a major theme of the World Conference on Education for All, held last March in Jomtien, Thailand, under the sponsorship of UNDP, UNESCO, UNICEF and the World Bank. Officials of these organizations and over 1,500 delegates from 155 countries, 140 non-governmental and 30 intergovernmental organizations discussed the global learning gap and made commitments to achieve change, including the provision of more resources.

US$50 billion needed

United Nations officials estimated that US$50 billion would be needed in the next decade to assure that every child has access to primary school by the year 2000 — the goal of the Conference.

The four sponsors all announced a doubling of their allocations for basic education for the decade, with a strong emphasis on improving the quality of schooling and on promoting girls' enrolment. The World Bank will lend US$1.5 billion annually, redirecting its priorities to reflect these aims.

The increase in external resources will help the worst-off countries. But much adjustment will have to be made within countries, by redistributing resources into education from elsewhere and among primary, secondary and higher education. Classroom and curriculum reorganization are also needed to bring more learners into school.

The 'World Declaration on Education for All', issued at the end of the Jomtien Conference, calls for something extra: "an 'expanded vision' that surpasses present resource levels, institutional structures, curricula, and conventional delivery systems". The Declaration emphasizes the power of modern communication networks and technology to bring new knowledge and ideas to the remotest community. This opportunity, it says, should be seized "with creativity and a determination for increased effectiveness".

For children in the developing world, the realization of these aims is crucial to their hopes for an education — and a future.

Recommended reading

World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs. Inter-Agency Commission for the World Conference on Education for All, 1990.

Meeting Basic Learning Needs: A Vision for the 1990s. Inter-Agency Commission for the World Conference on Education for All, 1990.

World Summit for Children

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The environment: A threat to children

"The world was not left to us by our parents ... it was lent to us by our children." — African proverb.

The environmental crisis enveloping the world is a child killer.

After years of expressing concern about the serious effects of environmental degradation, scientists and health officials are now pointing to children as being among the most vulnerable to the steady deterioration of the planet.

Millions of children are dying each year from the effects of bacteria, chemical poisons, air and water pollution, deterioration of the land and other environmental hazards, according to UNICEF and the United Nations Environment Programme (UNEP).

Most of the 14 million deaths annually of children under the age of five in the developing world and the 150 million cases of malnutrition can be linked to problems with the environment, the two agencies say. For example, every year 4 million children below the age of five die of diarrhoeal diseases, mostly preventable through environmental measures because the main causes are unsanitary water and unhygienic conditions.

The common diseases which are the major killers of children — diarrhoea, measles, pneumonia, malaria — are all environmental problems in the sense that the bacteria, viruses and insects which cause the illnesses are organisms as natural to the environment as the oak or the elephant.

Just as man alters the environmental balance by denuding the land of trees or wiping out hundreds of thousands of elephants, humanity also has the power to control these diseases by eliminating their causes. Or, if people continue to abuse the environment, the diseases can kill and maim on an increasing scale.

Children more vulnerable than adults

Children are far more vulnerable than adults to environmental hazards because of different breathing patterns, nutritional needs, body chemistry and behaviour, according to a joint UNEP/UNICEF report, *Children and the Environment*. Foetuses in the womb are also more endangered than adults.

While at rest, children under age three inhale twice as much air — and twice as much pollution — per pound of weight as resting adults. Also, children's kidneys, livers and enzyme systems are not fully developed and cannot process pollutants as well as adults.

The environment: A threat to children

All children suffer from environmental damage, although the nature of the problems differs from region to region.

For example, millions of people in the developing world "have never had access to the clean water that a simple handpump would bring", James P. Grant, Executive Director of UNICEF, has noted, "while the developed countries struggle against the problems of consumption, such as industrial pollution to rivers and lakes".

An African journalist recently noted wryly that nations in the North had polluted the air and water and killed their wildlife en route to great material 'progress'. Now that Africans were engaged in the same endeavour, the industrialized world was changing the rules and preventing the South from achieving the same 'progress'.

In the developing world over-population and poverty are the key factors, leading to such problems as destruction of forests, spread of deserts and soil erosion as people exploit the environment to survive. The problems contribute to deficiencies in water and sanitation, health care, nutrition and education.

In the industrialized world air pollution and atmospheric degradation, such as global warming and ozone depletion, are the key issues and are often linked to affluence.

Children are at greater risk than adults in both the industrialized and developing nations because of potential cancer-causing pesticides and fungicides used in agriculture.

Cells divide more rapidly in infancy and childhood, increasing the chance that cell mutations caused by various agricultural compounds will be passed on and become cancerous.

Lifelong damage

Children also are more seriously affected by lead additives in gasoline and such industrial and automotive gases as carbon monoxide, nitric oxides and sulphur dioxide. The World Health Organization warns that some of these gases can cause respiratory diseases in children which may persist throughout life.

Since most physical growth occurs during childhood, the young are more vulnerable than adults to the effects of malnutrition caused by inadequate or improper diet. Food production is especially hampered by the encroachment of deserts and the loss of forests.

Every year an estimated six million hectares of land, an area almost the size of Ireland, are irretrievably lost to production through desertification, and more than three times that area is so seriously affected that farming becomes very difficult.

This not only means less food for children, but less wood for cooking, less water for washing and less clean water to drink. The African nations which are suffering the most serious desertification — Angola, Burkina Faso, Chad, Mali and Niger — are among the nations with the highest ratios of malnourished children.

Deforestation has similar effects. More than half the world's people cook and heat with wood. UNEP estimates that by the year 2000 most of them will be consuming wood faster than replacement trees can be grown.

This produces a vicious circle which results in fewer trees, meaning less food on the table and higher rates of malnutrition.

Studies in Nepal have found that, as trees are cleared for farming and fuelwood, women must go further to find wood, and they find less of it. This means they have less

time to farm, so their families grow less food and have less farm income to buy food. The women also have less wood for cooking and less time to prepare food.

Scientists are generally agreed that a number of polluting gases — the 'greenhouse gases' — will slowly warm the globe over the coming decades and raise sea levels. This change will be felt in fiercer and more frequent cyclones, floods and droughts.

Children are already most vulnerable in such disasters. When a cyclone in 1970 killed 240,000 people in what is now Bangladesh, half of the dead were children under ten, who represented only a third of the affected population.

Some solutions

Just as the environmental problems for children differ in various countries, so do the solutions.

In developed countries, reversing conditions such as atmospheric degradation often involves governmental and business co-operation that can require major economic adjustments. Yet the money is usually available if there is enough will to make the changes.

In the developing world, there are a number of simple and cost-effective remedies that can be undertaken. Positive measures include: provision of clean water and improved sanitation, developing fuel sources other than wood, and introducing improved agricultural methods to increase food production, thus decreasing malnutrition.

On the other hand, funds to carry out these activities are usually scarce. In addition, the major safeguards necessary to protect against the environmental problems caused by new industrialization in developing countries is often beyond their technological means.

In both the developed and the developing world, education and social mobilization to increase awareness about the impact of the environment on children are essential.

The UNICEF/UNEP report emphasizes that the interests of children and future generations must be considered in making environmental decisions.

"The state of our children, and the state of our environment, say more than anything else about the state of our civilization and the prospects of our future as a species", the two international organizations conclude.

Recommended reading

Children and the Environment. UNICEF and UNEP, 1990.

Timberlake, Lloyd and Laura Thomas, *When the Bough Breaks... Our Children, Our Environment.* Earthscan Publications Ltd., London, 1990.

World Summit for Children

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Malnutrition: Famine just tip of the iceberg

"Hunger wears many faces. It may be acute or chronic, visible or hidden, food or disease related, but it is typically rooted in poverty and the economic and social processes that perpetuate it." — The Bellagio Declaration, 'Overcoming Hunger in the 1990s', 1989.

The stick-like figures of starving children, with bellies bloated and dull eyes staring from emaciated faces, have become grimly familiar in the last few decades.

The scene could be Bangladesh, Ethiopia, Viet Nam or a number of other countries in the developing world. Such a picture on a television screen or poster or in a newspaper makes the well-fed world wince and then provide the funds to ward off the worst effects of yet another famine.

For many people, that is the image of malnutrition, but in reality, the nutrition problem for children in the developing world is much more insidious and complex. It cannot be overcome simply by sending convoys of relief food in times of famine.

About 150 million children under age five in the developing world are malnourished (excluding China, where comprehensive statistics have not been published). That means one third of the under-five children in the developing world, or more than the entire population of Brazil, goes to bed hungry.

Only a small proportion will actually die of starvation, but many will suffer permanent damage. Nearly 23 million are classified as severely malnourished, meaning they weigh about 70 per cent or less than the norm for their age and are the most endangered.

Malnutrition is a major factor

Asian children bear the biggest burden. Nearly one child in two is malnourished. Almost half of the world's malnourished children live in eight countries — Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Most of the remainder are elsewhere in Asia and in Africa.

Every year 14 million children under the age of five in the developing world die, mostly from preventable causes. Malnutrition is a major contributory factor in about one third of the toll, even though the death certificate, if it exists, might list any number of common diseases, such as diarrhoea, measles or pneumonia. It might more accurately single out inadequate diet as the decisive factor, since that is what makes many young children frail and prone to succumb to the normal infections that healthier ones easily overcome.

Malnutrition: Famine just tip of the iceberg

The vast majority of malnourished children are not obviously ill, but are short, thin, listless, dull-eyed and apathetic. Since these symptoms are commonplace in the developing world, they do not often alarm a mother enough to take her child for a long walk or bus-ride to a clinic. She has to see a 'sickness' to do that.

Many infants start life already at risk, since hundreds of millions of women suffer from malnutrition and poverty, contributing to the annual total of 20 million infants born weighing less than 2.5 kilogrammes (5.5 pounds), the minimum normal birth weight. About 17 per cent of babies in the developing countries fail to reach that level at birth.

Malnutrition cannot be cured simply by medicine or a food supplement. It is a far more intractable condition, tied to the many deprivations connected to poverty which families in the developing world are struggling to shake off: ignorance, shortage of farming land, lack of economic opportunity, vulnerability to disease, absence of regular health check-ups, unclean water and unsanitary conditions.

The most common victim of malnutrition is the just-weaned child in the rural areas and the urban slums, aged between six and 24 months. Breast-feeding alone up to six months offers the new-born baby immunological protection as well as good diet. In the developing world, where nearly half of the population does not have access to safe water, infants breast-fed for less than six months are considerably more likely to die before the age of one than those breast-fed for six months or more.

Once the infant crawls and comes in contact with dirt and germs, and if the normal one 'solid meal' is only a thin and starchy gruel, the bloom of good health will disappear and growth will start to falter.

The impact of malnutrition in the emotional and intellectual area can range from reduced participation in playing, which hampers development, to reduced attention and learning capacity. In terms of health, malnutrition makes children vulnerable to parasites and weakens the normal immune system.

Goal is 50 per cent reduction

UNICEF has set a goal to halve the malnutrition rate by the year 2000, which would save 100 million children from malnourishment during the decade.

To achieve this target emphasis is being placed on the prolongation of breast-feeding, an adequate diet including frequent feeding, and improved health-care practices, including the provision of clean water, better sanitation and increased access to medical treatment.

Programmes need to focus on children under three years old, because the effects of malnourishment up to that age on growth, especially of the brain, are usually irreversible later in life.

The key is to diagnose malnutrition problems early and help mothers reverse them through action programmes undertaken by individual communities.

Sometimes work must be undertaken to change traditions. In many parts of South Asia preference is usually given to male children, including food distribution. A saying in the region sums up this attitude, describing bringing up a girl as being like 'watering a plant in your neighbour's garden'.

Numerous community organizations are trying to change that sentiment and also provide families with better information on nutrition. In Bombay, a voluntary health and welfare programme for women called Steehitakarini provides community health workers

who run clinics that offer well-baby services, supplementary feeding and health education.

In the Embu District of Kenya, gender is not the issue. Village committees attack malnutrition by holding monthly weighing sessions for children under two. They hang a meat-hook scale from the branch of a tree, and insert bellowing toddlers into the dangling plastic pants. Children are registered, mothers chided if they 'miss', weights are plotted on each child's chart, and counselling is given about those doing poorly. With this kind of help, most mothers can solve the problem on their own.

In Malawi, however, where most landholdings are tiny, the problem is different: inadequate food supply during part of the year. January to April are the hungry months, when the women of the household have to eke out the last harvest by serving fewer meals and smaller portions. One survey shows that the average Malawian family consumes 13 per cent less maize in February than in July after the new harvest is available.

Malawi's children bear in their small stature the mark of hungry season upon hungry season. Advice about frequent snacks and the virtues of eggs, fruit or green leafy vegetables can only frustrate women with no resources to put such counsel into practice.

Focus on women

Food security, focusing on women, must be assured throughout the year.

In the developing world as a whole, women undertake more than half of total food production; in Africa, 70 per cent. They are responsible for almost every task concerning food: planting, weeding, harvesting, growing vegetables, storing crops, tending small livestock, milking anything that can be milked, and turning produce into cookable ingredients.

Boosting household food security means examining the ways all these things are done — improving a yield or a breed, a processing method, or a storage system.

In northern Nigeria, women ask for men to be taught nutrition, too. Under Moslem law, women's activities are restricted and men do all the household shopping. They bring home only maize and millet, foods which present difficulties in providing adequate nutrition for small bodies. Because of the bulk of the food, numerous feedings are needed. Since mothers usually don't have the time for that, young children often go hungry.

So, in this case, the women's new nutritional knowledge is useless. They are not allowed to put it into practice.

In many countries around the world, enduring the pains of economic set-back and structural adjustment, child malnutrition is on the increase. To halt this trend, the entire web of interlocking causes must be addressed.

Economic means, practical knowledge and primary health care must come together at community and family level to give every child enough to eat to grow up strong and healthy.

Recommended reading

Update on the Nutrition Situation. United Nations, 1989.

'UNICEF Nutrition Strategy: Policy Review 1990'. UNICEF Executive Board document.

World Summit for Children

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Children's rights: Giving them legal meaning

"Mankind owes the child the best it has to give." — United Nations Declaration on the Rights of the Child, 1959.

Nobody would disagree with that sentiment.

Yet every day millions of children around the world struggle to survive the horrors of war, homelessness, physical and psychological abuse, economic exploitation and a myriad of other problems which mock the assumption that children deserve special treatment because they are the most vulnerable.

Many of the problems facing children are universal, with actions and protective measures needed in countries both in the North and the South. Child abuse, armed conflict, drug and alcohol addiction, the need for family assistance, and the problems of street children do not stop at national borders.

In November 1989, the United Nations General Assembly decided that nice words and assumptions were not enough: It was time to codify children's rights in a formal international agreement. Thus was born the Convention on the Rights of the Child, which human rights advocates hope will be a landmark in the survival, development and protection of children.

Described as a 'Magna Carta' or 'Bill of Rights' for children, the Convention details the rights of all persons under 18 years of age to develop to their full potential, free from hunger and want, neglect, exploitation or other abuses. It demonstrates that humanity has traveled a long way since the 19th century British philosopher John Stuart Mill, the champion of individual liberty, said such rights were "meant to apply only to human beings in the maturity of their faculties. We are not speaking of children".

Ratification process

It took 10 years of intricate negotiations to reach agreement on the Convention, which has 54 articles covering children's civil, economic, social, cultural and political rights. The General Assembly's unanimous adoption of the Convention was followed by the opening of the document for signature in January, when 61 nations signed on the first day, thus officially indicating an intention to consider ratification.

To translate the document into national action it must be ratified by Governments, often a slow process since ratification requires legislation.

Children's rights: Giving them legal meaning

Once the Convention is ratified by 20 nations it will come into effect as an internationally binding legal document, and those countries that ratify it will be held to a standard of conduct towards children. Countries that are parties to the Convention will be obliged to report regularly to a Committee on the Rights of the Child on steps taken to comply with its provisions.

The Convention collects universal standards of treatment for children for the first time in one legal document. Previously, the few protections were scattered through scores of international agreements of varying scope and status. The General Assembly adopted the Declaration of the Rights of the Child in 1959 as a statement of general principles, but it carries no legally binding obligations.

True, nations have had constitutions and laws protecting human rights for years. Still, violations of the rights of both adults and children are commonplace in many parts of the world.

What the Convention can — and cannot — do

By itself, the Convention cannot correct many of the serious social problems confronting children: more than 30 million living on the streets; about 7 million relegated to refugee status; at least 50 million working under unsafe and unhealthy conditions; more than 100 million deprived of primary education; more than 150 million suffering from malnutrition.

Some of these conditions may be difficult to measure, so the numbers may be subject to adjustment. The serious magnitude of the problems, however, is beyond question.

What the Convention does is to stake a claim for high priority for children's rights. It shares responsibility for meeting children's needs among the family, Governments and society at large.

The Convention applies equally to all children, without regard to race, sex, language, ethnic or social origin, property, disability, birth or other status. Its provisions apply to four main areas of children's rights: survival, development, protection and participation.

- Survival: The first specific right cited in the Convention is the inherent right to life. States must ensure "to the maximum possible, the survival and development of the child". The Convention recognizes the right of access to health care services and to an adequate standard of living, including food, clean water and housing.

- Development: To allow every individual the chance to develop his or her full potential, the Convention provides for the child's right to education, to rest and leisure, and to engage in cultural activities.

- Protection: A number of provisions offer protection to children in a variety of circumstances. Some deal with mentally or physically disabled children, others with refugees or with children who do not have parents or are separated from them. The Convention also covers child labour, sexual exploitation of children, and adoption, and requires that appropriate measures be taken to protect children from the use and sale of drugs. In addition, it sets out the rights of children in armed conflict and of children in trouble with the law.

- Participation: The Convention also underlines the child's right to freedom of expression and information, and to freedom of thought, conscience and religion. It also calls upon parents to give "due weight" to the views of children in accordance with their age and maturity, and to raise them to play an active role in society.

Although there are vastly different social and cultural perceptions of the role of children in various societies, the Convention represents an agreement on the basic conditions needed for children to survive and develop.

For example, registering a birth and giving the child a name and nationality is taken for granted in most places. But some developing nations still do not keep written records, and children of refugees or displaced families are not always registered. In its most extreme forms, the denial of an identity to children can lead to slavery, prostitution, discrimination against ethnic minorities and forced separation from parents.

Girls and boys on equal terms

Despite vast cultural distinctions between countries over differing treatment for boys and girls, the Convention applies the principle that all the rights enumerated apply equally to every child regardless of sex.

A common saying in parts of South Asia is that 'a boy is for wealth, a girl is for love', because a male offspring is expected to support his parents in old age while a girl's responsibilities are to her husband's family after marriage. Discrimination begins at birth in feeding and carries on through education, employment opportunities and marriage. Girls and women pay a high price for this treatment, suffering far greater rates of malnutrition and illiteracy and lower life expectancy than males in several countries in the region.

In industrialized nations prejudice against women can be more subtle, deflecting young girls from education leading to work in better-paid fields traditionally favoured by men or providing women with lower pay for the same work as men.

The Convention also seeks to protect children in war by excluding them from taking direct part in armed conflict if they are under age 15. It also calls for "appropriate measures to promote physical and psychological recovery and social re-integration" for children victimized by war as well as "any form of neglect, exploitation, or abuse".

Thousands of children are annually press-ganged into armies or guerrilla forces and thus grow up accepting violence as a way of life. Others have suffered incalculable emotional damage as they have been forced to watch while their parents, brothers and sisters were killed. Public awareness of the protections provided for children by the Convention could be a tool to help prevent such emotional problems.

This litany of problems indicates that there are vast areas in the lives of children where the Convention can have considerable impact. More than half a century ago, Eglantyne Jebb, founder of the Save the Children International Fund, said: "For better or for worse, the world can be revolutionized in one generation, according to how we deal with children".

It now remains for the community of nations to seek to better the lives of the young by ratifying the Convention and putting it into effect.

Recommended reading

Moorehead, Caroline (ed.), *Betrayal: Child exploitation in today's world.* London, 1989.

Vittachi, Anuradha, *Stolen Childhood: In search of the rights of the child.* Polity Press, Cambridge, 1989.

World Summit for Children

What you can do

Here are some activities that could be carried out by non-governmental and volunteer organizations and individuals to help encourage a successful World Summit for Children with broad participation of leaders:

- Convene meetings of community and government leaders to discuss specific issues related to children.

- Organize youth forums to discuss the Summit and the Convention on the Rights of the Child and call for its early ratification and implementation.

- Persuade sports stars to promote the Summit through the mass media, youth and sports organizations, and stadium managements to display messages about the Summit during September games.

- Arrange encounters of leading artists, public personalities, writers and intellectuals to discuss the situation of children in the country and in the world.

- Organize exhibitions of photographs and art work by professional photographers and artists including children on child-related subjects.

- Organize peaceful marches to alert the public to such issues as survival and child development.

- Urge radio stations to broadcast talk shows for youth to ask questions concerning the Summit and problems affecting children in their communities.

- Seek the involvement of parliamentarians in the Summit through round-table discussions, town meetings and meet-the-people sessions.

- Join or organize candlelight vigils in your area. (For more information, contact 'Children's Vigils', Washington, D.C., (202) 546-1900.)

- Enlist the support of NGOs and civic and religious leaders through encounters/seminars on the well-being of children and of the importance of the Summit, and ask that all places of worship dedicate their services before and on the week of the Summit to children, with appropriate liturgy, music, prayers and sermons.

- Encourage airlines to play the Summit promotional video before the in-flight movie.

- Encourage transit authorities to display the Summit poster on buses or subway trains, and leading merchants to display the poster in store windows.

- Encourage school superintendents to include a Summit course (based on the

What you can do

Declaration and Plan of Action expected to be adopted by the Summit) during the school year beginning September 1990.

- Encourage regularly scheduled concerts and other performances during late September to be dedicated to children, and to include messages about the Summit in their printed programmes and displays.

- Ask radio and TV stations, and publications of all kinds, to run public service announcements and display ads about the Summit and the needs of children. (For more information, PSAs and mechanicals, contact: Bonnie Berlinghof, GCO, UNICEF, New York, (212) 503-0315.)

- Sell Summit T-shirts, buttons, posters, etc., to promote awareness and raise funds for local children's service and advocacy efforts. (For more information and to place orders, please contact: Bonnie Berlinghof, GCO, UNICEF, New York, (212) 503-0315.)

- Hold an exhibition on the Rights of the Child and invite prominent community leaders, the mass media and schoolchildren.

- Organize a road run, big walk or bike tour to raise awareness on children's issues.

- Raise funds to adopt a project in a developing country benefiting children.

- Persuade local and national libraries to highlight books on children.

- Organize essay-writing competitions among children and adults.

- Convince newspapers to carry supplements on children's issues on the weekend of the Summit.

World Summit for Children

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World Summit for Children
Sommet Mondial pour les Enfants
Cumbre Mundial en favor de la Infancia

29–30 September 1990
United Nations • New York

World Summit for Children

CHILDREN'S RIGHTS

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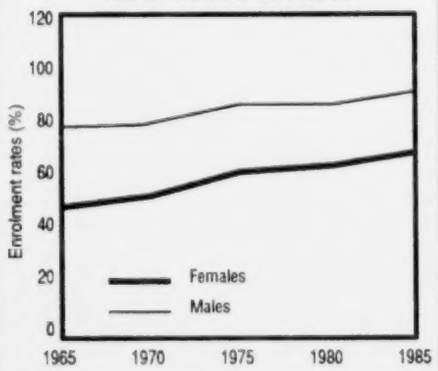
Although there are vastly different social and cultural perceptions of the role of children in various societies, the Convention on the Rights of the Child represents a global agreement on the basic conditions needed for all children to survive and develop.

UNICEF/3335/90/Antmann

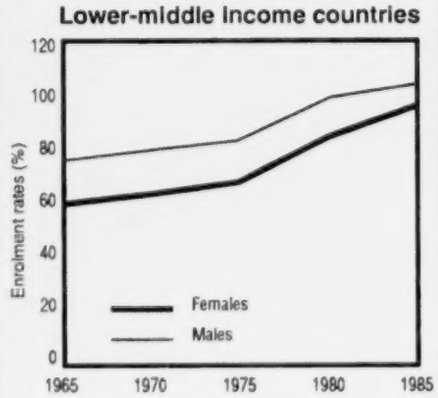
World Summit for Children

The gap between male and female primary school gross enrolment is widest in the poorest countries.

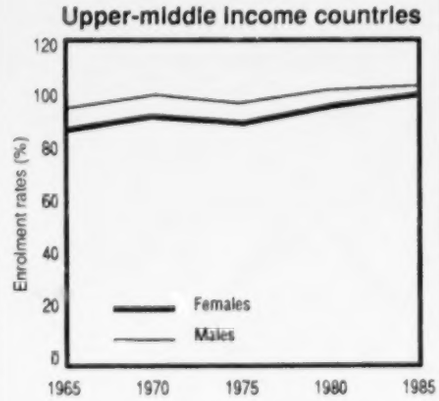
Low-income countries



Lower-middle income countries



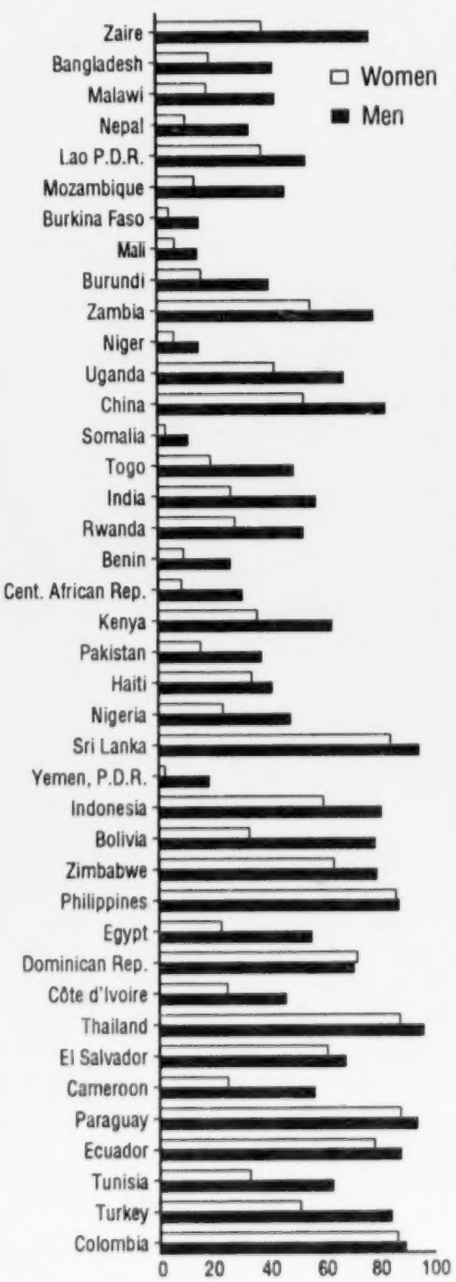
Upper-middle income countries



Source: United Nations (WISTAT)

Women's literacy lags far behind men's in the poorest countries.

40 lowest-income countries with data in order of increasing GNP per capita

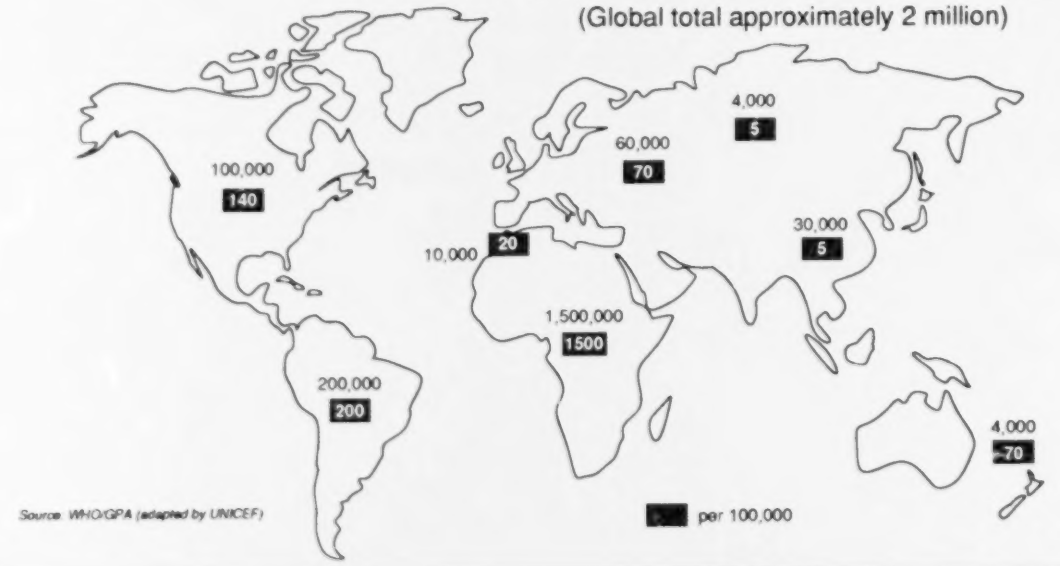


Source: United Nations (WISTAT)

World Summit for Children

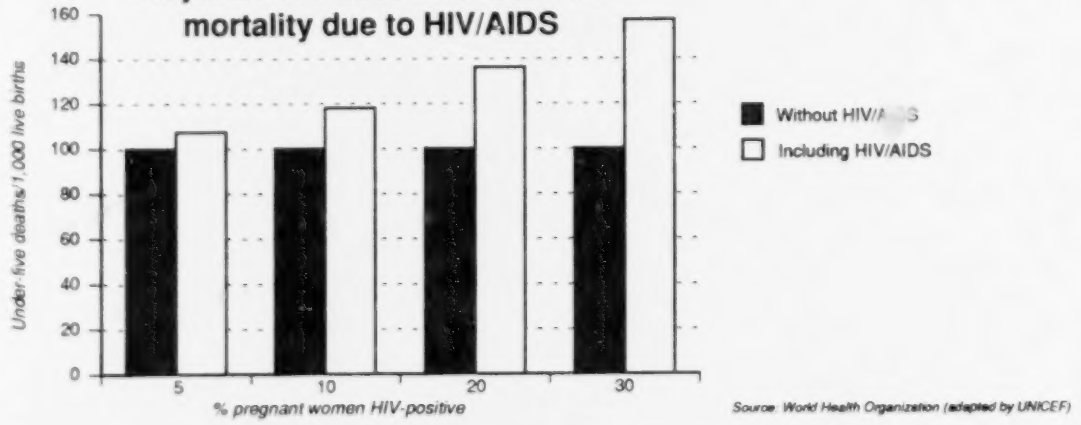
Estimated HIV-infected females

(Global total approximately 2 million)



Source: WHO/GPA (adapted by UNICEF)

Projected increase in under-five mortality due to HIV/AIDS



Source: World Health Organization (adapted by UNICEF)

World Summit for Children

CHILDREN AND AIDS

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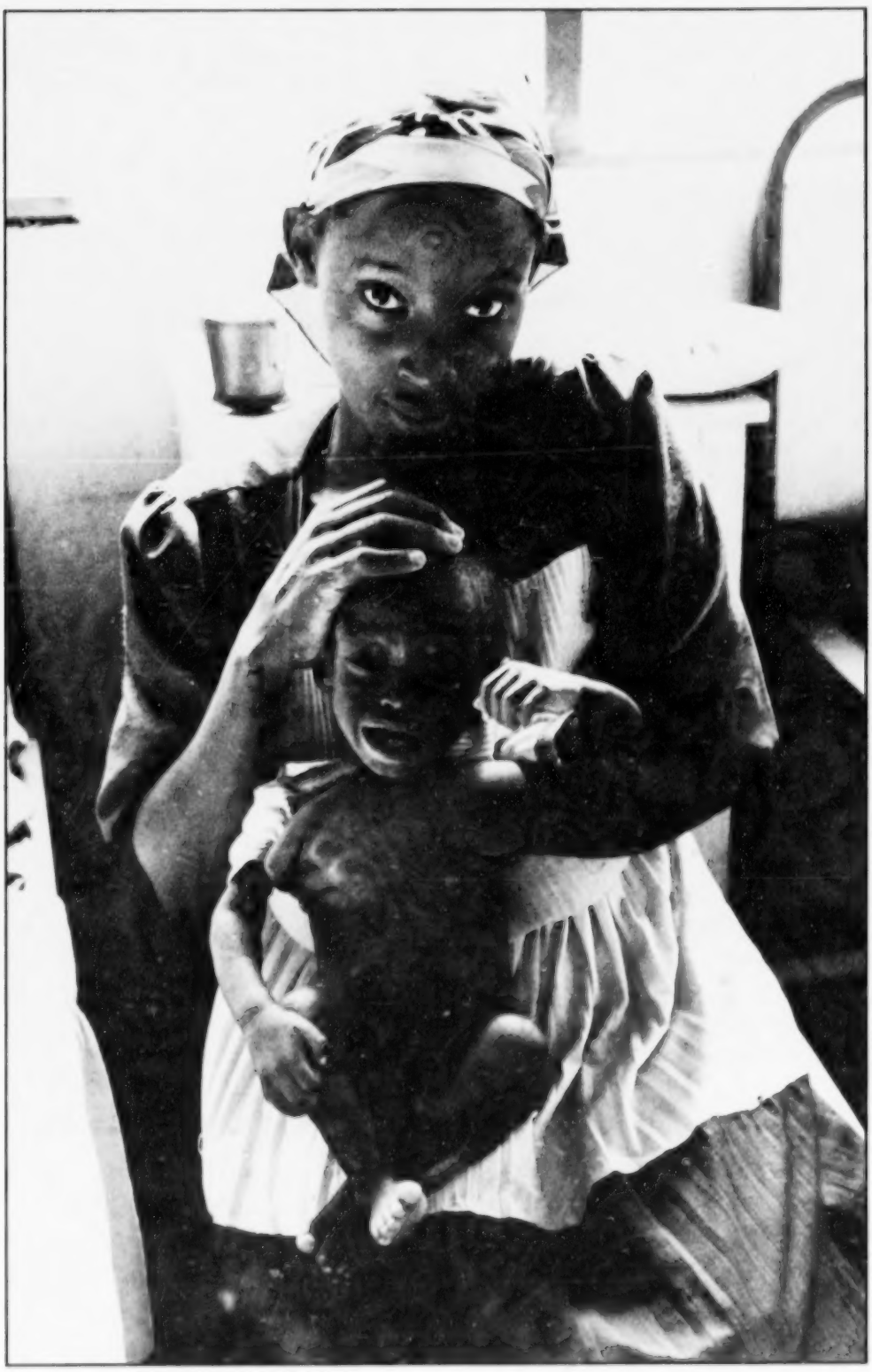


AIDS now threatens to undermine much of the progress made in child survival and development during the 1980s.

UNICEF/2741/89/Clement

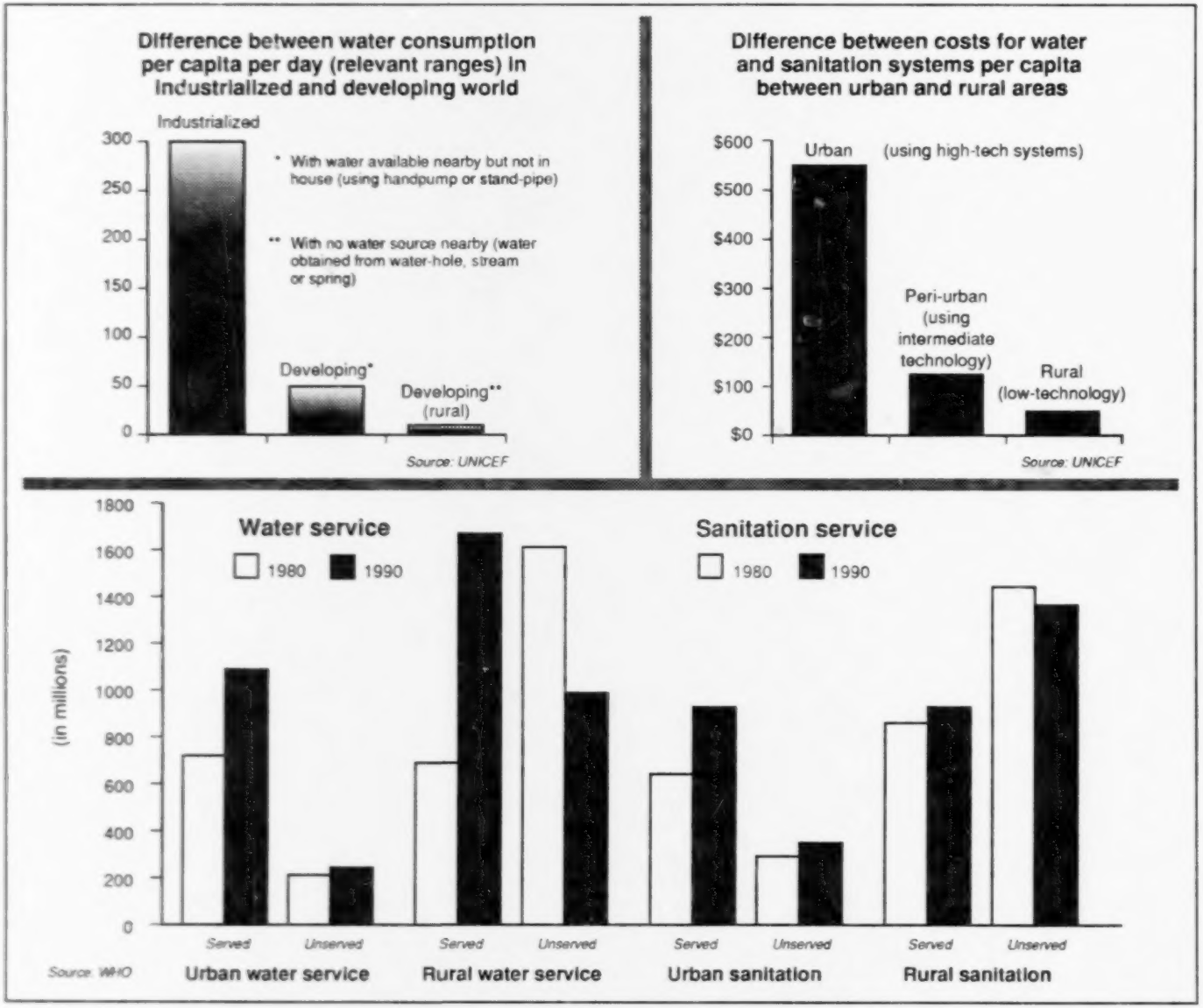
World Summit for Children

CLEAN WATER

unicef

Water is vital to life — and women and girls frequently pay a high price to obtain it for their families.

Illustration by Wyatt


Difference between water consumption per capita per day (relevant ranges) in industrialized and developing world
Industrialized
300
250
200
150
100
50
0
* With water available nearby but not in house (using handpump or stand-pipe)
** With no water source nearby (water obtained from water-hole, stream or spring)
Developing*
Developing** (rural)
Source: UNICEF
Difference between costs for water and sanitation systems per capita between urban and rural areas
$600
$500
$400
$300
$200
$100
$0
Urban (using high-tech systems)
Peri-urban (using intermediate technology)
Rural (low-technology)
Source: UNICEF
Water service
1980
1990
Sanitation service
1980
1990
(in millions)
1800
1600
1400
1200
1000
800
600
400
200
0
Served
Unserved
Urban water service
Rural water service
Urban sanitation
Rural sanitation
Source: WHO

World Summit for Children

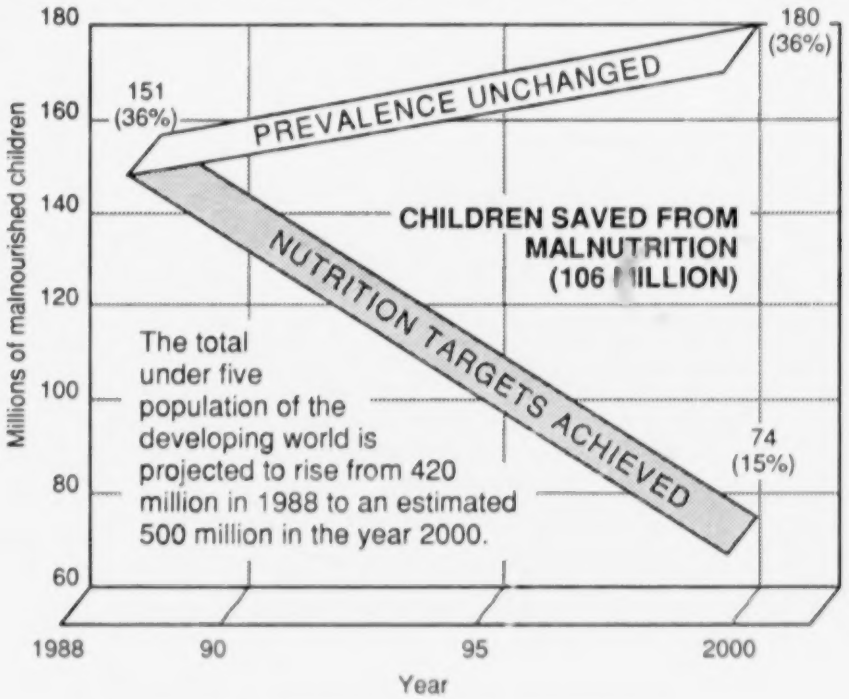
All children suffer from environmental problems, although the nature of the problems differs from region to region.

UNICEF/3349/89/Antmann

World Summit for Children

Saving 100 million children from malnutrition

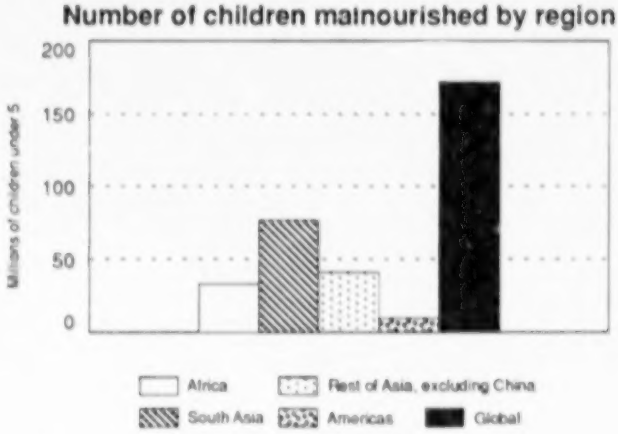
Prevalence of malnutrition* in children under five, developing world (excluding China)



* Malnutrition is here defined as more than two standard deviations below the desirable weight for age.

Source: The State of the World's Children Report 1990, p. 30.

Number of children malnourished by region



World Summit for Children

Advances in immunization in the last decade are preventing 2 million child deaths each year — but that still leaves 3 million children dying.

UNICEF 3671/89 Sengupta

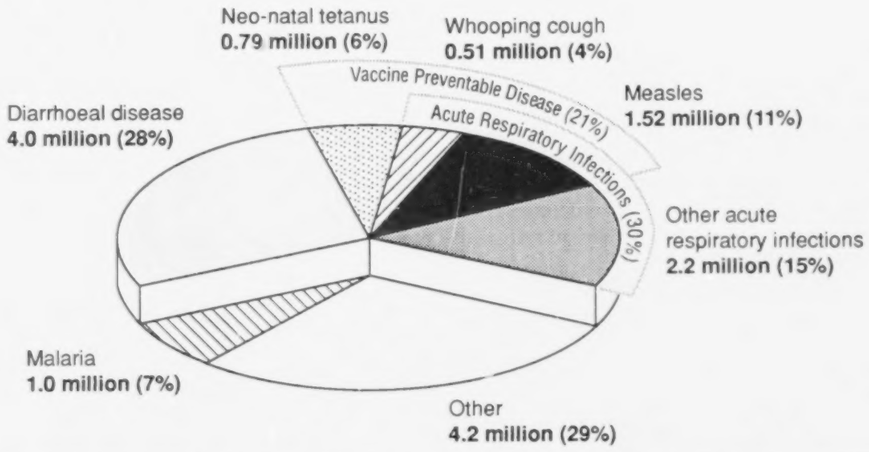
World Summit for Children

CHILDHOOD DISEASE unicef

Causes of child deaths

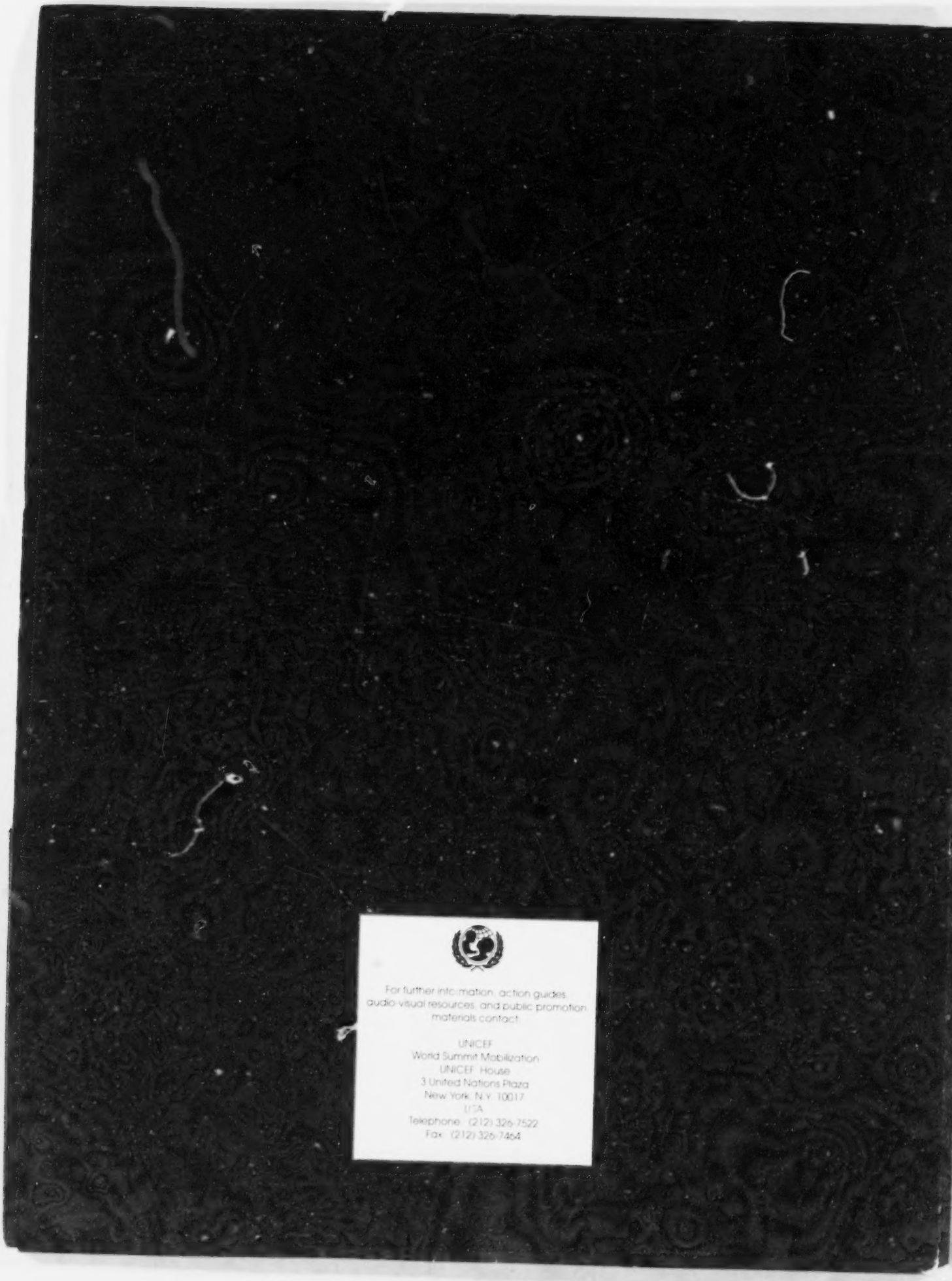
Almost two thirds of the 14 million child deaths each year are accounted for by just four specific causes – diarrhoea, respiratory infections, measles, and neo-natal tetanus. The great majority of these deaths could now be prevented at very low cost.

Annual deaths of children under five by main causes*



* For the purposes of this chart, one cause has been allocated for each child death. In practice, children often die of multiple causes and malnutrition is a contributory cause in approximately one third of all child deaths. Measles deaths are sometimes ascribed to acute respiratory infection as a severe case of measles renders a child highly susceptible to other infections and pneumonia is often the ultimate reason for a death for which measles is primarily responsible.

Source: WHO and UNICEF estimates.



For further information, action guides, audio-visual resources, and public promotion materials contact:

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